

**APPLICATION FOR CERTIFIED COPY OF VITAL RECORD  
CAMDEN COUNTY NC**

**BIRTH CERTIFICATE**

NAME at Birth \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME \_\_\_\_\_

**MARRIAGE LICENSE**

GROOM'S FULL NAME \_\_\_\_\_ DATE OF MARRIAGE \_\_\_\_\_

BRIDE'S FULL MAIDEN NAME \_\_\_\_\_

**DEATH CERTIFICATE**

DECEASED FULL NAME \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

**FEE: \$10.00**

THE CERTIFIED COPY OF THE OF THE ABOVE RECORD IS BEING OBTAINED FOR MY:  
(ONE OF THE FOLLOWING)

- 1.SELF
- 2.SPOUSE
- 3.BROTHER
- 4. SISTER
- 5. CHILD/STEP-CHILD
- 6. PARENT/STEP-PARENT
- 7. GRANDCHILD/STEP-GRANDCHILD
- 8. GRANDPARENT/STEP-GRANDPARENT
- 9. AUTHORIZED AGENT, ATTORNEY OR LEGAL REPRESENTATIVE OF THE ABOVE NAMED PERSON

(PROOF REQUIRED)

- 10. I AM SEEKING INFORMATION FOR LEGAL DETERMINATION OF PROPERTY RIGHTS

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

DL N/PHOTO ID # \_\_\_\_\_

PRINTED  
ADDRESS \_\_\_\_\_

PO BOX 190, 117 N HWY 343 ,CAMDEN, NC, 27921-0190

I hereby certify that all the above information is true to the best of my knowledge.

\*\*\*\*\*COPY OF PHOTO ID REQUIRED FOR ALL CERTIFIED COPIES\*\*\*\*\*